Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 1 of 52

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: | Identify Yourself | | |
|-----|---|--|---|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your | full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | | Julia First name Lynn Schade | First name |
| | Bring identi | your picture fication to your ing with the trustee. | Armstrong Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | used Includ | ther names you have in the last 8 years de your married or | Julia L Schade | |
| | maide | en names. | | |
| 3. | your numb Indiv | the last 4 digits of Social Security ber or federal idual Taxpayer iffication number | xxx-xx-4567 | |

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 2 of 52

Case number (if known)

Debtor 1 Julia Lynn Schade Armstrong

I have another reason.

Explain. (See 28 U.S.C. § 1408.)

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 609 Ellis Avenue Rockford, IL 61103 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Winnebago County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district.

I have another reason.

Explain. (See 28 U.S.C. § 1408.)

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 3 of 52

Debtor 1 Julia Lynn Schade Armstrong

Case number (if known)

| ar | Tell the Court About | Your E | 3ankruptcy Ca | ise | | | | | |
|-----|---|---|----------------------------------|--|--------------------------------------|--------------------------------|--|---------------------------|---|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | | Chapter 7 | | | | | | |
| | | | Chapter 11 | | | | | | |
| | | | Chapter 12 | | | | | | |
| | | | Chapter 13 | | | | | | |
| | | | | | | | | | |
| 3. | How you will pay the fee | | about how yo | pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with printed address. | | | | | |
| | | | | | tallments. If you | | s option, sign and a | attach the Application fo | or Individuals to Pay |
| | | | J | | • | , | option only if you a | are filing for Chapter 7. | By law, a judge may, |
| | | _ | but is not req applies to you | uired to, waive ur family size ar | your fee, and mand mand you are unab | ay do so only le to pay the | y if your income is fee in installments | | official poverty line that otion, you must fill out |
|). | Have you filed for bankruptcy within the | ■ N | 0. | | | | | | |
| | last 8 years? | ПΥ | | | | | | | |
| | | | District | | | When | | | |
| | | | District | | | When | | Case number | |
| | | | District | | | When | | Case number | |
| 10. | Are any bankruptcy | ■ N | 0 | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with | ПΥ | | | | | | | |
| | you, or by a business partner, or by an affiliate? | | | | | | | | |
| | | | Debtor | | | | | Relationship to you | |
| | | | District | | | When | | Case number, if known | າ |
| | | | Debtor | | | | | Relationship to you | |
| | | | District | | | When | | Case number, if known | n |
| 11. | Do you rent your residence? | ■ N | lo. Go to li | ine 12. | | | | | |
| | | ПΥ | es. Has yo | ur landlord obta | ained an evictior | n judgment a | gainst you? | | |
| | | | | No. Go to line | 12. | | | | |
| | | | | Yes. Fill out In this bankruptcy | | About an Evi | ction Judgment Ag | ainst You (Form 101A) | and file it as part of |
| | | | | | | | | | |

| | | Document | Page 4 01 52 | |
|----------|-----------------------------|----------|------------------------|--|
| Debtor 1 | Julia Lynn Schade Armstrong | | Case number (if known) | |

| ar | Report About Any Bu | sinesses ` | You Own | as a Sole Proprieto | or | | | |
|------|---|---------------|-------------------|--|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | | |
| | | ☐ Yes. | Name | and location of busi | ness | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | | | |
| | If you have more than one sole proprietorship, use a | | Numbe | er, Street, City, State | e & ZIP Code | | | |
| | separate sheet and attach it to this petition. | | Check | the appropriate box | to describe your business: | | | |
| | | | | Health Care Busine | ess (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | | Stockbroker (as de | fined in 11 U.S.C. § 101(53A)) | | | |
| | | | | Commodity Broker | (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | | None of the above | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set a deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, so operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. 1116(1)(B). | | | | | | | |
| | For a definition of small | ■ No. | I am n | I am not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fil Code. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | | ☐ Yes. | I am fil | ing under Chapter 1 | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Pari | 4: Report if You Own or | Have Anv | Hazardo | us Property or Any | Property That Needs Immediate Attention | | | |
| | Do you own or have any | ■ No. | | | ., ., | | | |
| | property that poses or is alleged to pose a threat of imminent and | ■ No. ☐ Yes. | What is t | he hazard? | | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | ate attention is why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | | | | |
| | , | | | - | Number, Street, City, State & Zip Code | | | |

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 5 of 52

Debtor 1 Julia Lynn Schade Armstrong

Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 6 of 52 Case number (if known) Debtor 1 Julia Lynn Schade Armstrong Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000 50-99** owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** 19. How much do vou **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you ■ \$0 - \$50.000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,

Signature of Debtor 2

and 3571.

Signature of Debtor 1

/s/ Julia Lynn Schade Armstrong

Julia Lynn Schade Armstrong

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 7 of 52

Debtor 1 Julia Lynn Schade Armstrong

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Gary C. Flanders | Date J | uly 23, 2018 | |
|--|---------------|----------------|--|
| Signature of Attorney for Debtor | N | IM / DD / YYYY | |
| Gary C. Flanders 6180219 | | | |
| Printed name | | | |
| Bankruptcy Clinic | | | |
| Firm name | | | |
| 1 Court Place | | | |
| Rockford, IL 61101 | | | |
| Number, Street, City, State & ZIP Code | | | |
| Contact phone 815-962-7084 | Email address | | |
| 6180219 IL | | | |
| Bar number & State | | • | |

| | | Docume | ent Page 8 of 5 | <u>,2 </u> | |
|---|-------------------------|-------------------------------|-----------------|---|------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Julia Lynn Schad | le Armstrong | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | | | | , | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|-------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 82,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 11,175.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 93,175.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 83,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 63,565.00 |
| | Your total liabilities | \$ | 146,565.00 |
| Paı | rt 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,343.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,100.00 |
| Paı | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 3. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other scl | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Case 18-81552 Doc 1 Document

Page 9 of 52 Case number (if known) Debtor 1 Julia Lynn Schade Armstrong

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

1,143.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following: | Total | claim |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 30,776.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 30,776.00 |

| | Case | e 18-8155 | 2 Doc 1 | | | Entered 0 | | 17:01:0 | 00 De | sc N | /lain | |
|--|---------------------------|--|-----------------------|--|---|--|---------------|--------------|---|--|---|---|
| Fill in thi | is informat | ion to identify | y your case a | | | 1 000 10 01 | 02 | | | | | |
| Debtor 1 | | Julia Lynn S | Schade Arm | strong Middle Name | | Last Name | | | | | | |
| Debtor 2 (Spouse, if f | _ | First Name | | Middle Name | | Last Name | | | | | | |
| United St | tates Bankr | uptcy Court fo | r the: NORT | HERN DIST | RICT OF ILLIN | IOIS | | | | | | |
| Case nur | mber | | | | | - | | | | | Check if this is ar amended filing | J |
| | | 106A/E | <u>3</u> roperty | , | | | | | | | | |
| | | | | | anly anas If a | n accet fite in man | than and and | tomomi lint | the seest in | 46.0.00 | 12/15 | _ |
| Part 1: C Do you No. (| n. If more spery question | oace is needed, n. ch Residence, E e any legal or e | attach a separa | ate sheet to t | his form. On the | are filing together top of any addition or Have an Interval land, or similar pro | rest In | | | | | |
| 609 Ellis Ave. Street address, if available, or other description | | | wna: ■ | Single-family h Duplex or mult Condominium | i-unit building | D | ne amount o | f any secure | d claim | r exemptions. Put ns on Schedule D: cured by Property. | | |
| Roc City | ckford | IL State | 61103-000 ZIP Code | | Land Investment pro Timeshare Other has an interest | or mobile home operty in the property? C | e D Check one | escribe the | rty? 2,000.00 e nature of y simple, ten , if known. | port ——our ov | rent value of the tion you own? \$82,000.00 wnership interest by the entireties, or | _ |
| Coun | nnebago ^{nty} | | | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | Debtor 1 and Debtor 1 and Debtor 1 and Debtor 1 | Debtor 2 only the debtors and an ou wish to add abo | | (see instru | , | munit | y property | |

Other information you wish to add about this item, such as local property identification number:

subject to mortgage of Amerihome

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$82,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| | | Case 18-8 | 1552 Doc 1 | | Entered 07/23 | 3/18 17:01:00 | Desc Main |
|-------------|-----------------------------|---|--|---|----------------------------|--------------------------|--|
| Del | otor 1 | Julia Lynn Sc | hade Armstrong | Document 1 | Page 11 of 52 | ase number (if known) | |
| 3. C | ars, var | ns, trucks, tracto | rs, sport utility ve | hicles, motorcycles | | | |
| |] No | | | | | | |
| | Yes | | | | | | |
| | | | | | | | |
| 3. | 1 Make | Buick | | Who has an interest in the | e property? Check one | | red claims or exemptions. Put secured claims on Schedule D: |
| | Mode | | _ | ■ Debtor 1 only | | Creditors Who Hav | e Claims Secured by Property. |
| | Year: | | E0 000 | Debtor 2 only | | Current value of the | |
| | | oximate mileage: | 50,000 | ☐ Debtor 1 and Debtor 2 o☐ At least one of the debto | • | entire property? | portion you own? |
| | | ect to security | interest of | At least one of the debit | ors and another | | |
| | | Financial, deal | | Check if this is commu (see instructions) | inity property | \$8,000 . | .00 \$8,000.00 |
| Par | pages ye | ou have attached | d for Part 2. Write | n for all of your entries from that number hereems terest in any of the follow | - | | \$8,000.00 Current value of the portion you own? Do not deduct secured |
| ĺ | Example ⊐ No | old goods and fues: Major appliance Describe | es, furniture, linens 4 beds, 2 tables stove, dining ro | , china, kitchenware , 4 dressers, 2 sofas, v om set, refrigerator, 2 ve oven, etc. with estin | bookcases, 3 chairs | s, piano, 2 | \$750.00 |
| [| □ No | s: Televisions an | hones, cameras, m | eo, stereo, and digital equip nedia players, games ayers, DVDs, CDs, ster | | | ollections; electronic devices |
| | | | value of \$800 | | | | \$400.00 |
|] [| Example ■ No □ Yes. I | other collection | ns, memorabilia, co | • | oks, pictures, or other ar | t objects; stamp, coin, | or baseball card collections; |
| [| Example ⊐ No | ent for sports and es: Sports, photog musical instrur Describe | raphic, exercise, ar | nd other hobby equipment; I | picycles, pool tables, go | lf clubs, skis; canoes a | nd kayaks; carpentry tools; |

Entered 07/23/18 17:01:00 Desc Main Case 18-81552 Doc 1 Filed 07/23/18 Page 12 of 52
Case number (if known)

Document Debtor 1 Julia Lynn Schade Armstrong

| | bicycle, with estimated retail value of \$50 | \$25.00 |
|--|---|---|
| 10. Firearms Examples: Pistols, rifle No Yes. Describe | s, shotguns, ammunition, and related equipment | |
| 11. Clothes | othes, furs, leather coats, designer wear, shoes, accessories | |
| Yes. Describe | | |
| | Debtor's clothing, with estimated retail value of \$150 | \$50.00 |
| 12. Jewelry Examples: Everyday je □ No ■ Yes. Describe | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g | old, silver |
| | jewelry, with estimated retail value of \$300 | \$150.00 |
| 13. Non-farm animals | | |
| | dog, cat | \$0.00 |
| 14. Any other personal ar ☐ No ■ Yes. Give specific in | nd household items you did not already list, including any health aids you did not list | |
| | cell phone, with estimated retail value of \$300 | \$150.00 |
| | hand tools, with estimated retail value of \$200 | \$100.00 |
| | lawnmower, with estimated retail value of \$100 | \$50.00 |
| | of all of your entries from Part 3, including any entries for pages you have attached number here | \$1,675.00 |
| Part 4: Describe Your Finar | ncial Assets | |
| Do you own or have any | legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. Cash Examples: Money you ■ No | have in your wallet, in your home, in a safe deposit box, and on hand when you file your petitic | n |

Official Form 106A/B Schedule A/B: Property page 3

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Page 13 of 52

Case number (if known) Document Debtor 1 Julia Lynn Schade Armstrong 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... Alpine Bank \$0.00 17.1. checking \$1,300.00 **US Bank** 17.2. checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

| | Case 18-81552 Doc 1 | Document | Page 14 of 52 | Desc Main |
|---|---|--|--|--|
| Debtor 1 | Julia Lynn Schade Armstrong | | Case number (if known) | |
| ☐ Yes. | Give specific information about them | | | |
| Money or | property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax re | funds owed to you | | | |
| ■ No | Cive experific information about them in | aludia a sub atb ar sass alra | ady filed the returns and the tax years | |
| □ res. | Give specific information about them, if | icluding whether you alre | ady filed the returns and the tax years | |
| ■ No | | ousal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| Exam _l ■ No | amounts someone owes you ples: Unpaid wages, disability insurance benefits; unpaid loans you made to Give specific information | | efits, sick pay, vacation pay, workers' compe | nsation, Social Security |
| 31. Interes | sts in insurance policies | health savings account (| HSA); credit, homeowner's, or renter's insural | nce |
| ■ Yes. | Name the insurance company of each Company name: | policy and list its value. | Beneficiary: | Surrender or refund value: |
| | | | | |
| | Life insurance | with death benefit o | nly | \$0.00 |
| If you somed | terest in property that is due you fror | n someone who has die | | |
| If you somed ■ No □ Yes. 33. Claims Examp | terest in property that is due you fror are the beneficiary of a living trust, expendence has died. | n someone who has die ct proceeds from a life in you have filed a lawsui | ed surance policy, or are currently entitled to receive the second of th | |
| If you somed No No Yes. 33. Claims Examp ■ No | terest in property that is due you from are the beneficiary of a living trust, expendence has died. Give specific information | n someone who has die ct proceeds from a life in you have filed a lawsui | ed surance policy, or are currently entitled to receive the second of th | |
| If you somed No □ Yes. 33. Claims Examp ■ No □ Yes. | terest in property that is due you from are the beneficiary of a living trust, expendence has died. Give specific information s against third parties, whether or not ples: Accidents, employment disputes, in Describe each claim | n someone who has die ct proceeds from a life in you have filed a lawsuinsurance claims, or rights | ed surance policy, or are currently entitled to receive the second of th | eive property because |
| If you somed No Yes. 33. Claims Examp No Yes. 34. Other No | terest in property that is due you from are the beneficiary of a living trust, expendence has died. Give specific information s against third parties, whether or not ples: Accidents, employment disputes, in Describe each claim | n someone who has die ct proceeds from a life in you have filed a lawsuinsurance claims, or rights | ed surance policy, or are currently entitled to rece to receive the control of th | eive property because |
| If you somed No Yes. 33. Claims Examp No Yes. 34. Other No | terest in property that is due you from are the beneficiary of a living trust, expendence has died. Give specific information s against third parties, whether or not ples: Accidents, employment disputes, in Describe each claim contingent and unliquidated claims of Describe each claim | n someone who has die ct proceeds from a life in you have filed a lawsuinsurance claims, or rights | ed surance policy, or are currently entitled to rece it or made a demand for payment is to sue g counterclaims of the debtor and rights to | eive property because |
| If you somed No Yes. 33. Claims Examp No Yes. 34. Other No Yes. | terest in property that is due you from are the beneficiary of a living trust, expense has died. Give specific information s against third parties, whether or not ples: Accidents, employment disputes, in Describe each claim contingent and unliquidated claims of Describe each claim | n someone who has die ct proceeds from a life in you have filed a lawsuinsurance claims, or rights f every nature, includin nal injury / abuse cla | ed surance policy, or are currently entitled to rece it or made a demand for payment is to sue g counterclaims of the debtor and rights to | eive property because |
| If you somed No Yes. 33. Claims Examp No Yes. 34. Other No Yes. 35. Any fir | terest in property that is due you from are the beneficiary of a living trust, expendence has died. Give specific information s against third parties, whether or not ples: Accidents, employment disputes, in Describe each claim contingent and unliquidated claims of Describe each claim | n someone who has die ct proceeds from a life in you have filed a lawsuinsurance claims, or rights f every nature, includin nal injury / abuse cla | ed surance policy, or are currently entitled to rece it or made a demand for payment is to sue g counterclaims of the debtor and rights to | eive property because |
| If you somed No No Yes. 33. Claims Examp No Yes. 34. Other No Yes. 35. Any fir | terest in property that is due you from are the beneficiary of a living trust, expense has died. Give specific information s against third parties, whether or not ples: Accidents, employment disputes, in Describe each claim contingent and unliquidated claims of Describe each claim | n someone who has die ct proceeds from a life in you have filed a lawsuinsurance claims, or rights f every nature, includin nal injury / abuse cla | ed surance policy, or are currently entitled to rece it or made a demand for payment is to sue g counterclaims of the debtor and rights to | eive property because |
| If you somed with the sound of | terest in property that is due you from are the beneficiary of a living trust, expendence has died. Give specific information s against third parties, whether or not ples: Accidents, employment disputes, in Describe each claim contingent and unliquidated claims of Describe each claim personancial assets you did not already list. | n someone who has die ct proceeds from a life in you have filed a lawsuinsurance claims, or rights f every nature, includin nal injury / abuse claims. | surance policy, or are currently entitled to receive to made a demand for payment sto sue g counterclaims of the debtor and rights to the debtor | eive property because |
| If you somed with the sound of | terest in property that is due you from are the beneficiary of a living trust, expendence has died. Give specific information s against third parties, whether or not ples: Accidents, employment disputes, in Describe each claim contingent and unliquidated claims of Describe each claim personancial assets you did not already list. Give specific information the dollar value of all of your entries the properties of th | n someone who has die ct proceeds from a life in you have filed a lawsuinsurance claims, or rights f every nature, includin nal injury / abuse claims. | surance policy, or are currently entitled to reconstruction made a demand for payment sto sue g counterclaims of the debtor and rights to summer the debtor a | eive property because o set off claims Unknown |

Official Form 106A/B Schedule A/B: Property page 5

☐ No. Go to Part 6.

Page 15 of 52

Case number (if known) Document Debtor 1 Julia Lynn Schade Armstrong Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned No ☐ Yes. Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No ☐ Yes. Describe..... 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade □ No Yes. Describe..... digital piano, with estimated retail value of \$400 \$200.00 41. Inventory ■ No ☐ Yes. Describe..... 42. Interests in partnerships or joint ventures No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ■ No ☐ Yes. Describe..... 44. Any business-related property you did not already list ■ No ☐ Yes. Give specific information....... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$200.00 for Part 5. Write that number here..... Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

Official Form 106A/B

Part 7:

Describe All Property You Own or Have an Interest in That You Did Not List Above

Case 18-81552

Doc 1

Filed 07/23/18

Entered 07/23/18 17:01:00

Desc Main

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 16 of 52 Case number (if known)

| • | Do you have other property of any kind you did not already I Examples: Season tickets, country club membership No Yes. Give specific information | ist? | | | | |
|------|--|--------|-------------|------------------------------|-----|-------------|
| 54. | Add the dollar value of all of your entries from Part 7. Write | that n | number here | | | \$0.00 |
| Part | 8: List the Totals of Each Part of this Form | | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | | \$82,000.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$8,000.00 | | | |
| 57. | Part 3: Total personal and household items, line 15 | | \$1,675.00 | | | |
| 58. | Part 4: Total financial assets, line 36 | | \$1,300.00 | | | |
| 59. | Part 5: Total business-related property, line 45 | | \$200.00 | | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | | |
| 61. | Part 7: Total other property not listed, line 54 | + | \$0.00 | | | |
| 62. | Total personal property. Add lines 56 through 61 | _ | \$11,175.00 | Copy personal property total | al | \$11,175.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | | \$9 | 3,175.00 |

Official Form 106A/B Schedule A/B: Property page 7

Page 17 of 52 Document Fill in this information to identify your case: Debtor 1 Julia Lynn Schade Armstrong Last Name First Name Middle Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Specific laws that allow exemption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the | Property | You Claim | as Exempt |
|---------|--------------|----------|-----------|-----------|
|---------|--------------|----------|-----------|-----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property | Current value of the portion you own | Ame | ount of the exemption you claim | Specific laws that allow exemption | |
|---|---|-----|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| 609 Ellis Ave. Rockford, IL 61103 Winnebago County | \$82,000.00 | | \$15,000.00 | 735 ILCS 5/12-901 | |
| subject to mortgage of Amerihome Line from <i>Schedule A/B</i> : 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2013 Buick LaCrosse 50,000 miles subject to security interest of Ally | \$8,000.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) | |
| Financial, dealer value \$9,000 Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 4 beds, 2 tables, 4 dressers, 2 sofas, washer, dryer, dishwasher, stove, | \$750.00 | | \$750.00 | 735 ILCS 5/12-1001(b) | |
| dining room set, refrigerator, 2 bookcases, 3 chairs, piano, 2 desks microwave oven, etc. with estimate retail value of \$3,000.00 Line from <i>Schedule A/B</i> : 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2 TVs, 2 DVD players, DVDs, CDs, stereo, with estimated retail value of | \$400.00 | | \$400.00 | 735 ILCS 5/12-1001(b) | |
| \$800 Line from <i>Schedule A/B</i> : 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | | | | |

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 18 of 52

Case number (if known)

| | | | Case number (ii known) | |
|--|--------------------------------------|---------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| bicycle, with estimated retail value of \$50 | \$25.00 | | \$25.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 9.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Debtor's clothing, with estimated retail value of \$150 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(a) |
| Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| jewelry, with estimated retail value of \$300 | \$150.00 | | \$150.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| cell phone, with estimated retail value of \$300 | \$150.00 | | \$150.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 14.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| hand tools, with estimated retail value of \$200 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 14.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| lawnmower, with estimated retail value of \$100 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 14.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| checking: US Bank Line from Schedule A/B: 17.2 | \$1,300.00 | | \$1,300.00 | 735 ILCS 5/12-1001(b) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| personal injury / abuse claim Line from Schedule A/B: 34.1 | Unknown | | \$15,000.00 | 735 ILCS 5/12-1001(h)(4) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| digital piano, with estimated retail value of \$400 | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(d) |
| Line from Schedule A/B: 40.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3 No | 3 years after that for ca | ises fi | , | , |
| ☐ Yes. Did you acquire the property covere ☐ No ☐ Yes | ed by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |

Page 19 of 52 Document Fill in this information to identify your case: Debtor 1 Julia Lynn Schade Armstrong First Name Middle Name Last Name Debtor 2 Middle Name First Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column A Column B Column C 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately Unsecured for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral much as possible, list the claims in alphabetical order according to the creditor's name. Do not deduct the that supports this portion If any value of collateral. claim **Ally Financial** Describe the property that secures the claim: \$5,000.00 \$9.000.00 \$0.00 Creditor's Name 2013 Buick LaCrosse PO Box 380901 As of the date you file, the claim is: Check all that Minneapolis, MN 55438-0901 Contingent Number, Street, City, State & Zip Code Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. ✓ Debtor 1 only ✓ An agreement you made (such as mortgage or secured) Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Check if this claim relates to a Other (including a right to offset) community debt Date debt was incurred Last 4 digits of account number **Amerihome** Describe the property that secures the claim: \$78,000.00 \$82,000.00 \$0.00 Creditor's Name 609 Ellis Ave. Rockford, IL 61103 21215 Burbank Blvd. 4th As of the date you file, the claim is: Check all that Woodland Hills, CA 91367 Contingent Number, Street, City, State & Zip Code Unliquidated Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only ✓ An agreement you made (such as mortgage or secured car loan) Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit ✓ Other (including a right to offset) mortgage against residence Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number

\$83,000.00 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. \$83,000.00 Write that number here:

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 20 of 52

| Debtor 1 | <u></u> | | Case number (if know) | | |
|----------|------------|-------------|-----------------------|--|--|
| | First Name | Middle Name | Last Name | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | Case 10 | 5-01332 D | Document | Page 21 of 52 | 17.01.00 Des | C Main |
|--|---|--|--|---|--|--|
| Fill in t | his information t | to identify your ca | | T duc ZI OI SZ | | |
| Debtor ' | | | | | | |
| Deptoi | First | ia Lynn Schade _{Name} | Middle Name | Last Name | | |
| Debtor 2 | 2 | | | | | |
| (Spouse if | f, filing) First I | Name | Middle Name | Last Name | | |
| United S | States Bankruptc | y Court for the: | NORTHERN DISTRICT OF ILL | .INOIS | | |
| | | - | | | | |
| (if known) | umber | | | | | heck if this is an |
| , | | | | | | mended filing |
| | | | | | | · · |
| | al Form 106 | | | | | |
| Sche | dule E/F: C | reditors Wh | no Have Unsecured | <u>Claims</u> | | 12/15 |
| any exect Schedule Schedule left. Attac name and | utory contracts or e G: Executory Cor e D: Creditors Who ch the Continuatio d case number (if l | unexpired leases the intracts and Unexpire Have Claims Secun in Page to this page | Part 1 for creditors with PRIORITY hat could result in a claim. Also lised Leases (Official Form 106G). Do red by Property. If more space is not in the space is not property. If you have no information to represent the space is not provided the space is not provided the space in the space is not provided the space is not provide | st executory contracts on Schedo o not include any creditors with p needed, copy the Part you need, f | ule A/B: Property (Officia partially secured claims ill it out, number the ent | al Form 106A/B) and on that are listed in ries in the boxes on the |
| Part 1: | | | claims against you? | | | |
| | No. Go to Part 2. | priority unsecured | ciamis agamst you: | | | |
| | | | | | | |
| Part 2: | | ur NONDDIODITV | Unsecured Claims | | | |
| | | | red claims against you? | | | |
| | - | | | | | |
| | | ig to report in this pai | rt. Submit this form to the court with y | our other schedules. | | |
| ■ Y | res. | | | | | |
| unse | ecured claim, list the one creditor holds | e creditor separately | ims in the alphabetical order of the for each claim. For each claim listed, t the other creditors in Part 3.If you h | , identify what type of claim it is. Do | not list claims already incl | luded in Part 1. If more Continuation Page of |
| | | | | | | Total claim |
| | • | of Rockford/Mid | | | | \$2,830.00 |
| | States B Nonpriority Credito | r's Name | Last 4 digits of acco | ount number | | \$2,030.00 |
| | 1700 N Alpine | | When was the debt | incurred? | | |
| | Rockford, IL 6 | | | | _ | |
| | Number Street City | | As of the date you fi | ile, the claim is: Check all that app | bly | |
| | Who incurred the | debt? Check one. | _ | | | |
| | Debtor 1 only | | ☐ Contingent | | | |
| | Debtor 2 only | | ☐ Unliquidated | | | |
| | Debtor 1 and D | • | ☐ Disputed | ITV unacquired alsies | | |
| | | the debtors and anot | | ITY unsecured claim: | | |
| | ☐ Check if this c | laim is for a comm | unity | a out of a concreti | divorce that you did a f | |
| | Is the claim subje | ct to offset? | report as priority clain | g out of a separation agreement or ms | divorce that you did not | |
| | _ | | <u> </u> | | | |
| | No | | ☐ Debts to pension of | or profit-sharing plans, and other si | milar debts | |

Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Case 18-81552 Doc 1

Page 22 of 52 Case number (if know) Document Debtor 1 Julia Lynn Schade Armstrong

| 4.2 | American Express | Last 4 digits of account number | \$8,578.00 |
|-----|--|--|---------------------------------------|
| | Nonpriority Creditor's Name PO box 981537 | When was the debt incurred? | , , , , , , , , , , , , , , , , , , , |
| | El Paso, TX 79998-1537 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify credit purchases | |
| 4.3 | American Express | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name Zwicker & Assoc 80 Minuteman Rd | When was the debt incurred? | |
| | Andover, MA 01810-1008 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify notice only | |
| 4.4 | American Express | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name c/o Zwicker and Associates, P.C 7366 N. Lincoln Ave. Suite 102 Lincolnwood, IL 60712 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify notice only | |

Entered 07/23/18 17:01:00 Case 18-81552 Doc 1 Filed 07/23/18 Desc Main

Document Page 23 of 52 Debtor 1 Julia Lynn Schade Armstrong Case number (if know) 4.5 **Barclays Bank / Wyndam** Last 4 digits of account number \$1,500.00 Nonpriority Creditor's Name PO Box 8803 When was the debt incurred? Wilmington, DE 19899-8803 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit purchases ☐ Yes 4.6 **Chase Card / Amazon** \$4,156.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 15298 When was the debt incurred? Wilmington, DE 19850-5298 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit purchases ☐ Yes 4.7 **Discover Bank** Last 4 digits of account number \$2,800.00 Nonpriority Creditor's Name PO Box 30943 When was the debt incurred? Salt Lake City, UT 84130-0943 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent

Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit purchases ☐ Yes

Page 24 of 52 Document Debtor 1 Julia Lynn Schade Armstrong Case number (if know) 4.8 Elan Financial / Associated Bank Last 4 digits of account number \$12,491.00 Nonpriority Creditor's Name PO Box 790408 When was the debt incurred? Saint Louis, MO 63179-0408 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit purchases ☐ Yes 4.9 Fed Loan Servicing Credit \$4,519.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 60610 When was the debt incurred? Harrisburg, PA 17106-0610 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify student loans 4.1 Kohl's / Capital One \$434.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 3115 When was the debt incurred? Milwaukee, WI 53201-3115 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

■ Other. Specify credit purchases

☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 25 of 52 Debtor 1 Julia Lynn Schade Armstrong Case number (if know) 4.1 \$1,047.00 Navient Last 4 digits of account number Nonpriority Creditor's Name PO Box 9500 When was the debt incurred? Wilkes Barre, PA 18773-9500 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify student loan 4.1 \$25,210.00 **Nelnet Loan Services** Last 4 digits of account number Nonpriority Creditor's Name 3015 S. Parker Rd #425 When was the debt incurred? Aurora, CO 80014-2904 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

student loans

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------|-----|---|-----|-----------------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| Total claims | 6f. | Student loans | 6f. | \$ Total Claim 30,776.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |

Entered 07/23/18 17:01:00 Desc Main Case 18-81552 Doc 1 Filed 07/23/18 Page 26 of 52 Case number (if know) Document

Debtor 1 Julia Lynn Schade Armstrong

6j.

| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount |
|-----|--|
| | here. |

6i. 32,789.00 \$

Total Nonpriority. Add lines 6f through 6i.

63,565.00

Fill in this information to identify your case: Debtor 1 Julia Lynn Schade Armstrong Middle Name Last Name First Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | Company with Name, Number | whom you have the street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | <u> </u> | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |

| | | Docume | nt Page 28 of | 52 | _ |
|---|---|---|--|---|---|
| Fill in this | s information to identify your | case: | | | |
| Debtor 1 | Julia Lynn Schad | le Armstrong | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fil | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case num (if known) | nber | | | | ☐ Check if this is an amended filing |
| | ıl Form 106H <mark>dule H: Your Co</mark> d | ebtors | | | 12/15 |
| people are fill it out, a your name | e filing together, both are equand number the entries in the eand case number (if known you have any codebtors? (If | ally responsible for suppl boxes on the left. Attach Answer every question. | ying correct information the Additional Page to t | n. If more space is this page. On the to | rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write |
| 2. Wi i Arizoi | thin the last 8 years, have you na, California, Idaho, Louisiana | | | | ty states and territories include) |
| _ | . Go to line 3. s. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| in lin Form | e 2 again as a codebtor only | f that person is a guarant | or or cosigner. Make su | re you have listed | ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cr Check all schedu | reditor to whom you owe the debt les that apply: |
| 3.1 | David Armstrong 609 Ellis Ave Rockford, IL 61103 | | | ■ Schedule D, □ Schedule E/F □ Schedule G Amerihome | , line |

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 29 of 52

| Fill | in this information to | identify your ca | ase: | | • | |
|------|---|----------------------------|----------------------------|---|--|---|
| | btor 1 | | schade Armstrong | | | |
| 1 | btor 2 ouse, if filing) | | | | | |
| Un | ited States Bankrupt | cy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | |
| | se number nown) | | | - | | |
| 0 | fficial Form | <u> 1061</u> | | | MM / DD/ | YYYY |
| S | chedule I: \ | Your Inc | ome | | | 12/1 |
| atta | rt 1: Describe Fill in your emplo | t to this form. Employment | | onal pages, write your name an | d case number (if | ouse. If more space is needed, known). Answer every question |
| | information. | | | Debtor 1 | | 2 or non-filing spouse |
| | If you have more the attach a separate properties information about a | page with | Employment status | ■ Employed□ Not employed | ■ Emp | loyed employed |
| | employers. | | Occupation | musical accompaniest | couns | elor |
| | Include part-time, s self-employed wor | | Employer's name | Rockford University | self-er | nployed |
| | Occupation may in or homemaker, if it | | Employer's address | 5050 E. State St. Rockford, IL 61108 | | |
| | | | How long employed the | here? 4 yrs (periodically | <u>) </u> | |
| Pa | rt 2: Give Deta | ails About Mor | thly Income | | | |
| | imate monthly inco | | ate you file this form. If | you have nothing to report for any | line, write \$0 in the | e space. Include your non-filing |
| | ou or your non-filing s e space, attach a se | | | ombine the information for all emp | loyers for that pers | on on the lines below. If you need |
| | | | | | For Debtor 1 | For Debtor 2 or |

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

| | | | non-fili | ng spouse |
|----|-----|----------|----------|-----------|
| 2. | \$ | 1,500.00 | \$ | 0.00 |
| 3. | +\$ | 0.00 | +\$ | 0.00 |
| 4. | \$ | 1,500.00 | \$ | 0.00 |

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 30 of 52

| Debt | tor 1 | Julia Lynn Schade Armstrong | | | Case | number (if kn | own) | | | | |
|------|----------------|--|-----------------|-----|-----------|---------------|--------------|----------------|-------------|----------------|----------------------|
| | | | | | Foi | Debtor 1 | | | or Debtor | | |
| | Con | y line 4 here | 4. | | \$ | 1,500 | 00 | <u>n</u> \$ | on-filing s | spouse 0.00 | |
| | JOP, | y line 4 nere | •• | | Ψ_ | 1,500 | | Ψ | | | <u> </u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 58 | | \$_ | | 0.00 | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5k | | \$_ | | 0.00 | \$ | | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans Required repayments of retirement fund loans | 50 | | \$_ \$ | | 0.00 | \$ | | 0.00 | |
| | 5d. 5e. | Insurance | 50 50 | | \$ \$ | |).00).00 | \$ \$ | | 0.00 | |
| | 5f. | Domestic support obligations | 5f | | \$- | | 0.00 | \$ | | 0.00 | |
| | 5g. | Union dues | 5 <u>.</u> | | \$ | | 0.00 | \$ | | 0.00 | |
| | 5h. | Other deductions. Specify: | | า.+ | \$ | | .00 | + \$ | | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 210 | .00 | \$ | ; | 0.00 | 0 |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 1,290 | | \$ | ; | 0.00 | 0 |
| 8. | | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | `_ | ,,=00 | | · | | | |
| | | monthly net income. | 88 | a. | \$ | 0 | .00 | \$ | 1 | 0.00 | 0 |
| | 8b. | Interest and dividends | 8t | Э. | \$ | 0 | .00 | \$ | , | 0.00 | 0 |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | it 80 | Э. | \$ | 553 | 3.00 | \$ | i | 0.00 | 0 |
| | 8d. | Unemployment compensation | 80 | d. | \$ | 0 | .00 | \$ | | 0.00 | 0 |
| | 8e. | Social Security | 86 | Э. | \$ | 0 | 00.0 | \$ | ' | 0.00 | 0 |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | ce 8f | ·. | \$ | 0 | 0.00 | \$ | i | 0.00 | 0 |
| | 8g. | Pension or retirement income | 8g | g. | \$ | | .00 | \$ | | 0.00 | |
| | 8h. | Other monthly income. Specify: occasional side jobs | 8ł | า.+ | \$ | 100 | 00.0 | + \$ | | 0.00 | 0 |
| | | assistance from friends/family-anticipated | | | \$_ | 400 | 0.00 | \$ | · | 0.00 | 0_ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 1,053 | 3.00 | \$ | · | 0.0 | 00 |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 2,343.00 | + \$ | | 0.00 | = \$ | 2,343.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ψ. | | 2,343.00 | . * | | 0.00 | - | 2,343.00 |
| 11. | State Inclu | e all other regular contributions to the expenses that you list in Schedul ide contributions from an unmarried partner, members of your household, your friends or relatives. Not include any amounts already included in lines 2-10 or amounts that are no | ır dep | | | | | , | | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certains | | | | | | | | \$ | 2,343.00 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | n? | | | | | | | Comb | oined oily income |
| | | Yes. Explain: Debtor anticipates receiving independent contri | actor | a | ssig | nments go | oing | forv | ward. | | |

Official Form 106I Schedule I: Your Income page 2

| | | | | | | Ī | | |
|---------------|---|-------------------------------------|-------------------------------------|---|--|-----------------|-------------------|---|
| Fill i | n this informa | tion to identify yo | our case: | | | | | |
| Debt | or 1 | Julia Lynn S | chade A | rmstrong | | Chec | k if this is: | |
| Debt | or 2 | | | | | _ | An amended filing | uing poetpetition chapter |
| | use, if filing) | | | | | | | ving postpetition chapter the following date: |
| Unite | ed States Bankr | uptcy Court for the | : NORTH | HERN DISTRICT OF ILLIN | IOIS | _ | MM / DD / YYYY | |
| Case | e number | | | | | | | |
| | nown) | | | | | | | |
| Of | ficial Fo | rm 106J | | | | • | | |
| | | J: Your I | Eyner | 1606 | | | | 12/15 |
| Be a info num | as complete a rmation. If m nber (if know | and accurate as | possible eded, atta y questio | . If two married people a ach another sheet to this | | | | or supplying correct |
| Part 1. | Is this a joir | | noia | | | | | |
| | ■ No. Go to | | n a senar | ate household? | | | | |
| | □ N | | п и обри | | | | | |
| | □ Y | es. Debtor 2 mus | st file Offic | ial Form 106J-2, <i>Expense</i> | s for Separate House | ehold of Debt | or 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list Do Debtor 2. | | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | minor child | | 14 | Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | | enses include | | No | | | | |
| | | f people other ti d your depende | | Yes | | | | |
| Dout | <u>-</u> | | | h. F | | | | |
| exp | mate your ex | | our bankr | uptcy filing date unless yes is filed. If this is a sup | | | | |
| | | | | government assistance cluded it on Schedule I: | | | | |
| | icial Form 10 | | | | | | Your exp | enses |
| 4. | | or home owners | | nses for your residence. or lot. | Include first mortgag | e 4. \$ | | 800.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | • | rty, homeowner's | | | | 4b. \$ | | 0.00 |
| | | | | upkeep expenses | | 4c. \$ | | 0.00 |
| 5 | | owner's associat | | dominium dues our residence, such as ho | omo oquity loopo | 4d. \$ 5. \$ | | 0.00 |
| | MOODIONAL F | norioade DavMe | and a for V | oor residence, such as ho | nue econy 1020s | . c | | () ()() |

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 32 of 52

| otor 1 Julia Lynn Schade Armstrong | Case number (if known) | |
|--|------------------------|-----------------------------|
| Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 200.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 200.00 |
| 6d. Other. Specify: | 6d. \$ | 0.00 |
| Food and housekeeping supplies | 7. \$ | 400.00 |
| Childcare and children's education costs | 8. \$ | 0.00 |
| Clothing, laundry, and dry cleaning | 9. \$ | 0.00 |
| Personal care products and services | 10. \$ | 0.00 |
| Medical and dental expenses | 11. \$ | 0.00 |
| Transportation. Include gas, maintenance, bus or train fare. | | |
| Do not include car payments. | 12. \$ | 200.00 |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 0.00 |
| Charitable contributions and religious donations | 14. \$ | 0.00 |
| Insurance. | | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 0.00 |
| 15c. Vehicle insurance | 15c. \$ | 166.00 |
| 15d. Other insurance. Specify: | 15d. \$ | 0.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| Specify: | 16. \$ | 0.00 |
| Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 134.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: | 17c. \$ | 0.00 |
| 17d. Other. Specify: | 17d. \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report as | | 0.00 |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ | 0.00 |
| Other payments you make to support others who do not live with you. | \$ | 0.00 |
| Specify: | 19. | |
| Other real property expenses not included in lines 4 or 5 of this form or on Sche | | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| Other: Specify: | 21. +\$ | 0.00 |
| · · · ———————————————————————————————— | | |
| Calculate your monthly expenses | | A 488 85 |
| 22a. Add lines 4 through 21. | \$ | 2,100.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 2,100.00 |
| Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 0 242 00 |
| | 23a. \$ 23b\$ | 2,343.00 |
| 23b. Copy your monthly expenses from line 22c above. | ∠3D\$ | 2,100.00 |
| 22a Subtract your monthly expenses from your monthly income | | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ | 243.00 |
| The result is your monuny net income. | · · | |
| Do you expect an increase or decrease in your expenses within the year after your for example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? ☐ No. | | rease or decrease because o |
| | Ingress of large | |
| ■ Yes. Explain here: Living expenses will increase with expected | increase of income | - |

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 33 of 52

| Fill in this inf | formation to identify your | case: | | | |
|---|------------------------------|--|-----------------------------|---|--|
| Debtor 1 | Julia Lynn Schad | | | | |
| 200101 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | · | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| If two married You must file obtaining mo | | r, both are equally respo le bankruptcy schedules n connection with a bank | nsible for supplying corr | rect information. Making a false state | ement, concealing property, or 10, or imprisonment for up to 20 |
| s | Sign Below | | | | |
| Did you | pay or agree to pay some | one who is NOT an attor | rney to help you fill out b | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes | s. Name of person | | | | kruptcy Petition Preparer's Notice, , and Signature (Official Form 119) |
| Under | enalty of perjury, I declare | that I have road the arm | amory and achodules file | , | |
| | are true and correct. | that I have read the Sum | illiary and schedules med | u with this deciaration | on and |
| X /s/ J | ulia Lynn Schade Arms | strong | Χ | | |
| Julia | a Lynn Schade Armstro | | Signature of | Debtor 2 | |
| Signa | ature of Debtor 1 | | | | |
| Date | July 23, 2018 | | Date | | |

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 34 of 52

| F | II in this inforn | nation to identify you | r case: | | | | | | |
|------------------|-------------------------|--|------------------------|----------------------------|--------------|-------------------|--------------------------------------|-------------|---|
| De | ebtor 1 | Julia Lynn Scha | | ong dle Name | Las | Nama | | | |
| De | ebtor 2 | First Name | MIGO | die Name | Las | Name | | | |
| 1 - 1 | oouse if, filing) | First Name | Midd | dle Name | Las | Name | | | |
| Ur | nited States Bar | nkruptcy Court for the: | NORTH | ERN DISTRICT C | OF ILLINOI | 3 | | | |
| Ca | ase number | | | | | | | | |
| | known) | | | | | | | _ | theck if this is an |
| | | | | | <u> </u> | | | ar | mended filing |
| \sim | æ: ⊏ | 107 | | | | | | | |
| _ | fficial Fo | | A ((- ! | £ a al! a! a | | "!!! £ a I | 3 1 | | |
| | | of Financial | | | | | | | 4/1 |
| | | and accurate as poss ore space is needed | | | | | | | |
| | | n). Answer every que | | parato circot to | | on the top of a | iy addiiioiidi pagoo | , mino you | Hame and edge |
| Pá | art 1: Give D | Details About Your Ma | arital Status | and Where You | ı Lived Be | ore | | | |
| 1. | | r current marital stati | ıs? | | | | | | |
| | _ | | | | | | | | |
| | ■ Married □ Not mar | ried | | | | | | | |
| _ | | | | h | | Ľ | | | |
| 2. | During the la | ast 3 years, have you | lived anyw | nere other than t | where you | live now? | | | |
| | □ No | | | | | | | | |
| | Yes. Lis | t all of the places you | lived in the la | ast 3 years. Do no | ot include v | here you live no | W. | | |
| | Debtor 1 Pr | ior Address: | | Dates Debtor 1 lived there | | Debtor 2 Prior A | ddress: | | Dates Debtor 2 lived there |
| | 311 Rome Rockford, | | | From-To: 2015-2017 | | ☐ Same as Debtor | ·1 | | ☐ Same as Debtor 1 From-To: |
| | 706 John S Rockford, | | | From-To: 2008-2015 | | ☐ Same as Debtor | · 1 | | ☐ Same as Debtor 1 From-To: |
| 3. sta | | ast 8 years, did you e es include Arizona, Ca | | | | | | | r? (Community property lisconsin.) |
| | _ | ake sure you fill out Sc | hedule H: Yo | our Codebtors (Of | fficial Form | 106H). | | | |
| D | owt 2 Eventoi | n the Courses of Vo | u luceme | | | | | | |
| Г | ert 2 Explai | n the Sources of You | ii iiicoiiie | | | | | | |
| 4. | Fill in the tota | e any income from en al amount of income young a joint case and you | ou received f | rom all jobs and a | all business | es, including par | t-time activities. | /ious calen | ndar years? |
| | □ No | | | | | | | | |
| | _ | l in the details. | | | | | | | |
| | | | Debtor 1 | | | | Debtor 2 | | |
| | | | Sources of Check all t | | Gross i | deductions and | Sources of inco Check all that ap | | Gross income (before deductions and exclusions) |

Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Case 18-81552 Doc 1 Page 35 of 52 Case number (if known) Document

Debtor 1 Julia Lynn Schade Armstrong

| | | | | Debtor 1 | | Debtor 2 | | |
|---------|-----------------|--------------------------------------|------------------------------|--|---|------------------------------------|---------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | | 1 of curre | nt year until nkruptcy: | ■ Wages, commissions, bonuses, tips | | | | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | | dar year: December | 31, 2017) | ■ Wages, commissions, bonuses, tips | \$12,000.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$12,000.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | t each s | | he gross inco | e and you have income that y | - | - | | |
| | | | | | | | | |
| | | | | Debtor 1 Sources of income | Gross income from | Debtor 2 Sources of inc | | Gross income |
| | | | | Describe below. | each source (before deductions and exclusions) | Describe below | | (before deductions and exclusions) |
| Part 3: | List | Certain Pa | yments You | Made Before You Filed for E | Bankruptcy | | | |
| 6. Are | e either No. | Neither De individual p | ebtor 1 nor Dorimarily for a | s debts primarily consumer ebtor 2 has primarily consu personal, family, or househol | mer debts. Consumer debt d purpose." | | | 1(8) as "incurred by an |
| | | | • | re you filed for bankruptcy, did | d you pay any creditor a tota | l of \$6,425° or moi | e? | |
| | | □ _{No.} □ _{Yes} | Go to line 7 | | d a tatal of #C 405* an array | | | |
| | | | paid that cre not include | each creditor to whom you paid editor. Do not include paymen payments to an attorney for the on 4/01/19 and every 3 years | ts for domestic support obliquis bankruptcy case. | ations, such as ch | ild support a | nd alimony. Also, do |
| | Yes. | | | r both have primarily consure you filed for bankruptcy, did | | l of \$600 or more? | | |
| | | ■ No. | Go to line 7 | | | | | |
| | | ■ No. | | | d a total of \$600 or more and | the total amount | vou poid that | craditar Do not |
| | | □ Yes | include pay | each creditor to whom you paid ments for domestic support of this bankruptcy case. | | | | |
| Cr | editor' | s Name and | d Address | Dates of payme | nt Total amount | Amount you | Was this p | payment for |

Page 36 of 52
Case number (if known) Document Debtor 1 Julia Lynn Schade Armstrong

| 7. | Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. ■ No □ Yes. List all payments to an insider. | rtners; relatives of any gene control, or owner of 20% or | eral partners; partner of their voting | erships of which you | u are a general ny managing ago | partner; corporations ent, including one for | |
|-----|--|--|---|--|--------------------------------------|---|--|
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th | nis payment | |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider | | ments or transfer a | ny property on a | ccount of a deb | nt that benefited an | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the | | |
| Par | t 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes, Fill in the details. | ey, were you a party in an cases, small claims actions | y lawsuit, court ac s, divorces, collectio | t ion, or administr n suits, paternity a | ative proceedir ctions, support o | ng? or custody | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the case | | |
| | American Express vs. Schade | collection | Winnebago Co | unty | ☐ Pending ☐ On appeal ☐ Concluded | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, f | oreclosed, garnis | hed, attached, | seized, or levied? | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property | |
| | | Explain what happened | | | | 1 11 3 | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becase No ☐ Yes. Fill in the details. | | uding a bank or fir | ancial institution | ı, set off any an | nounts from your | |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount | |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or as No Yes | | rty in the possessi | on of an assigne | e for the benefi | t of creditors, a | |

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main

Debtor 1 Julia Lynn Schade Armstrong

Document Page 37 of 52

Case number (# known)

| Par | t 5: List Certain Gifts and Contribution | ns | | | |
|-----|---|---------|---|---|---------------------------|
| 13. | ■ No | ruptcy, | , did you give any gifts with a total value of more t | han \$600 per person | ? |
| | Yes. Fill in the details for each gift. | 00 | Describe the rifts | Datas van sava | Value |
| | Gifts with a total value of more than \$6 per person | 00 | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | t | | | |
| 14. | ■ No | | did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? |
| | Yes. Fill in the details for each gift or | | | 5.1 | |
| | Gifts or contributions to charities that more than \$600 Charity's Name | | Describe what you contributed | Dates you contributed | Value |
| D | Address (Number, Street, City, State and ZIP Coo | de) | | | |
| Par | t 6: List Certain Losses | | | | |
| 15. | or gambling? | uptcy o | or since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster, |
| | No | | | | |
| | Yes. Fill in the details. | | | D () | |
| | Describe the property you lost and how the loss occurred | Includ | ribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| D | List Contain Boumouts on Transfer | | | | |
| Pan | t 7: List Certain Payments or Transfer | S | | | |
| 16. | consulted about seeking bankruptcy or | prepar | did you or anyone else acting on your behalf pay or ring a bankruptcy petition? ers, or credit counseling agencies for services require | | rty to anyone you |
| | □ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid | | Description and value of any property | Date payment | Amount of |
| | Address Email or website address | | transferred | or transfer was made | payment |
| | Person Who Made the Payment, if Not | You | Attaman Francis | 0040 | \$750.00 |
| | Bankruptcy Clinic 1 Court Place Rockford, IL 61101 | | Attorney Fees | 2018 | \$750.00 |
| | Summit Financial Education | | Credit Counseling | 2018 | \$15.00 |
| 17. | | ditors | did you or anyone else acting on your behalf pay or to make payments to your creditors? | or transfer any prope | rty to anyone who |
| | - | | | | |
| | No | | | | |
| | Yes. Fill in the details. | | Description and value of a second | Data way | A |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | | | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not
Official Form 107
Statement of Financial Affairs for Individuals Filing for Bankruptcy
page 4

Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Case 18-81552 Doc 1 Page 38 of 52 Case number (if known) Document

Debtor 1 Julia Lynn Schade Armstrong

| | include gifts and transfers that you have alread ■ No □ Yes. Fill in the details. | y listed on this statemer | t. | | | |
|-----|---|--|-------------------------------|---------------|--|---|
| | Person Who Received Transfer Address | Description and property transfer | | paymen | e any property or ts received or debts exchange | Date transfer was made |
| | Person's relationship to you | | | | 3 | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details. | | ny property to a | self-settled | trust or similar device o | of which you are a |
| | Name of trust | Description and | value of the pro | perty transfe | erred | Date Transfer was made |
| Par | 8: List of Certain Financial Accounts, Ins | struments, Safe Depos | it Boxes, and St | orage Units | | |
| 20. | Within 1 year before you filed for bankruptc sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, association No | or other financial accou | ınts; certificates | of deposit; | • | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | | Date account was closed, sold, noved, or ransferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | ear before you filed fo | r bankruptcy, a | ny safe depo | sit box or other deposi | tory for securities, |
| | NoYes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe th | e contents | Do you still have it? |
| 22. | Have you stored property in a storage unit o | or place other than you | r home within 1 | year before | you filed for bankrupto | y? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe th | e contents | Do you still have it? |
| Par | 9: Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | Do you hold or control any property that so for someone. | meone else owns? Inc | ude any proper | ty you borro | wed from, are storing fo | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe th | e property | Value |

Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Case 18-81552 Doc 1 Page 39 of 52
Case number (if known) Document

Debtor 1 Julia Lynn Schade Armstrong

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | | |
|-----|--|---|---------|---|--------|-------------------------------------|--------------------|--|
| | | ardous material means anything an env Irdous material, pollutant, contaminant | | | s wa | ste, hazardous substance, toxic s | ubstance, | |
| Rep | ort al | I notices, releases, and proceedings the | at yo | ou know about, regardless of whe | n the | ey occurred. | | |
| 24. | Has | any governmental unit notified you that | t you | ı may be liable or potentially liable | e uno | der or in violation of an environme | ntal law? | |
| | | No Yes. Fill in the details. | | | | | | |
| | | ne of site iress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice | |
| 25. | Have | e you notified any governmental unit of | any | release of hazardous material? | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | ne of site Iress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice | |
| 26. | Have | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | e Title e Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | |
| Pai | rt 11: | Give Details About Your Business or | Con | nections to Any Business | | | | |
| 27. | With | in 4 years before you filed for bankrupt | tcy, d | did you own a business or have ar | ny of | f the following connections to any | business? | |
| | | ■ A sole proprietor or self-employed i | n a t | rade, profession, or other activity | , eith | ner full-time or part-time | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | □ No. None of the above applies. Go to Part 12. | | | | | | | |
| | | Yes. Check all that apply above and fill | l in tl | he details below for each busines | s. | | | |
| | | siness Name | De | scribe the nature of the business | | Employer Identification number | | |
| | Address (Number, Street, City, State and ZIP Code) | | Na | ame of accountant or bookkeeper | | Do not include Social Security n | umber or ITIN. | |
| | 1 | ia Schado Armetrone | D: | ano Accompanies (from time to | | Dates business existed EIN: | | |
| | Jul | | | ano Accompanist (from time to ne) | J | | | |
| | | | | | | From-To 2014-2018 | | |

Document Page 40 of 52 Case number (if known) Debtor 1 Julia Lynn Schade Armstrong 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Julia Lynn Schade Armstrong Signature of Debtor 2 Julia Lynn Schade Armstrong Signature of Debtor 1 Date Date July 23, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Entered 07/23/18 17:01:00

Desc Main

Case 18-81552

Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Filed 07/23/18

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 41 of 52

| Fill in this infor | mation to identify your | case: | | |
|---|---|---|--|--|
| Debtor 1 | Julia Lynn Schad | e Armstrong | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| | | | TRICT OF ILLINOIS | |
| United States Ba | ankruptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | |
| Case number _ | | | | ☐ Check if this is an |
| (ii kilowii) | | | | ☐ Check if this is an amended filing |
| If you are an ind creditors hav you have leas You must file thi whiche on the | nt of Intention in the character of the court was a course of the court was a | pter 7, you must fil ur property, or and the lease has n vithin 30 days after he court extends th | | et for the meeting of creditors, e creditors and lessors you list |
| Part 1: List Y 1. For any credit | our name and case nu our Creditors Who Hav tors that you listed in P | mber (if known). | s needed, attach a separate sheet to this form. On D: Creditors Who Have Claims Secured by Property | |
| information be Identify the cr | elow. reditor and the property t | hat is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | | |
| | Ally Financial | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it.Retain the property and enter into a | ■ Yes |
| Description of | 2013 Buick LaCros | sse | Reaffirmation Agreement. | . 33 |
| property securing debt | : | | ☐ Retain the property and [explain]: | _ |
| Creditor's A | Amerihome | | ☐ Surrender the property. | □ No |
| name: | | | ☐ Retain the property and redeem it. | _ |
| Description of | | kford, IL | ☐ Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property | 61103 | | Retain the property and [explain]: | |
| securing debt | : | | make payments without reaffirming | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 42 of 52

| Deb | tor 1 | Julia Lynn Schade Armstrong | Case number (if known) |
|--------------|--------------------|--|--|
| | sor's na | ame: of leased | □ No |
| | perty: | | ☐ Yes |
| | sor's na | ame: of leased | □ No |
| | perty: | i of leased | ☐ Yes |
| | sor's na | ame: of leased | □ No |
| | perty: | | ☐ Yes |
| | sor's na | | □ No |
| | cription perty: | of leased | ☐ Yes |
| | sor's na | | □ No |
| | cription perty: | of leased | ☐ Yes |
| | sor's na | | □ No |
| | cription perty: | of leased | ☐ Yes |
| | sor's na | | □ No |
| | cription perty: | of leased | ☐ Yes |
| Part | 3: 8 | Sign Below | |
| Unde prop | er pena erty th | alty of perjury, I declare that I have indicated m at is subject to an unexpired lease. | intention about any property of my estate that secures a debt and any personal |
| X | /s/ Ju | ılia Lynn Schade Armstrong | X |
| | | Lynn Schade Armstrong ture of Debtor 1 | Signature of Debtor 2 |
| | Date | July 23, 2018 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 47 of 52

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In | re Julia Lynn Schade Armstrong | | Case No |). | |
|------|--|---|--|---|--------------------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPENS | SATION OF ATTO | RNEY FOR I | DEBTOR(S) | |
| 1. | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of contemplation. | of the petition in bankrupto | y, or agreed to be pa | id to me, for services rende | red or to |
| | For legal services, I have agreed to accept | | \$ | 750.00 | |
| | Prior to the filing of this statement I have received | | \$ | 750.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | \$335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compens | sation with any other perso | on unless they are me | embers and associates of my | law firm. |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names | | | | irm. A |
| 5. | In return for the above-disclosed fee, I have agreed to rende | er legal service for all aspe | ects of the bankruptc | y case, including: | |
| | a. Analysis of the debtor's financial situation, and renderinb. Preparation and filing of any petition, schedules, statemc. Representation of the debtor at the meeting of creditorsd. [Other provisions as needed] | ent of affairs and plan whi | ch may be required; | | cy; |
| 7. | By agreement with the debtor(s), the above-disclosed fee de Applicable to Chapter 7: \$75.00 for each per of motion for court approval of reaffirmation \$250.00 per hour plus costs (when applicate Representation does not include defense of dismissal proceedings, reinstatement proceedings actions or other adversary proceedings. | ost-petition amendmen on agreement, and atte able) for all other repre- of discharge or discha ceedings, judicial lien eedings or attendance | nt to Schedules; \$ endance at hearin sentation. rgeability procee avoidances, post- | g if required by the cou dings, redemption proce petition amendments, r | rt; eedings, elief |
| | motion to approve reaffirmation agreemen | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of any as bankruptcy proceeding. | | or payment to me for | r representation of the debto | or(s) in |
| _ | July 23, 2018 | /s/ Gary C. Flan | | | _ |
| | Date | Gary C. Flander Signature of Attor | | | |
| | | Bankruptcy Cli | | | |
| | | 1 Court Place Rockford, IL 61 | 101 | | |
| | | | Fax: 815-987-3759 | | _ |
| | | Name of law firm | | | |

Document Page 48 of 52 BANKRUPTCY CLINIC

GARY C. FLANDERS Attorney at Law

One Court Place, Suite 201 Rockford, Illinois 61101 Telephone: 815/962-7084

CONTRACT FOR CHAPTER 7 BANKRUPTCY SERVICES

| This agreement is executed this | 3066 day of | May | , 2018 |
|---------------------------------|-------------|-----|--------|
| | 1 | | |

Type of Bankruptcy

Client retains attorney Gary C. Flanders to file a Chapter 7 bankruptcy. If the client determines at a later date that client desires to file a Chapter 13 bankruptcy, the parties shall execute a new fee contract setting forth the terms of such representation.

2. Services Provided by Attorney:

Contingent upon being paid for the services as specified below, the attorney shall provide the following legal services for the client: Preparation and filing of Chapter 7 Petition in Bankruptcy.

3. Fees

| The base fee for the filing | ng of the bankruptcy is \$ | 750 | and filing fee | \$335.00 |
|-----------------------------|---|-------------------|-----------------|--------------|
| for a total of \$ | 35 , to be paid r | rior to filing an | d within six me | onths of the |
| date of this agreement. | ng of the bankruptcy is \$, to be paid r The amount of the filing | fee may increa | se. | oneno or the |

Additional costs required on a case-by-case basis include:

- a). Mandatory prepetition credit counseling and post-petition financial education (all cases).
- b). Tax transcripts
- c). Credit report (recommended).

If the fees are not paid as stated above and as a result the amount of legal service to be provided by the attorney and/or his staff is increased, the fee shall be increased accordingly to compensate the attorney for the additional time and expense in providing the legal services.

4. Terms of Payment

- a). The fees shall be paid in full prior to the filing of the bankruptcy.
- b). Client has paid \$ \(\frac{1}{2} \) as a retainer fee. This amount has been earned upon receipt by the attorney and is not refundable.
- c). No earned portion of any fee received is refundable.

5. Services Not Provided Under the Base Fee

Representation does not include defense of discharge or dischargeability proceedings, redemption proceedings, dismissal proceedings, reinstatement proceedings, judicial lien avoidances, post-petition amendments, relief from stay actions or other adversary proceedings or attendance at continued meeting of creditors, preparation of motion to approve reaffirmation agreement (when in sole discretion of attorney a reaffirmation motion is required).

fsh

6. Compensation For Services Not Covered Under Base Fee

- a). It is understood that if attorney and client agree that attorney is to provide services described in paragraph 5 a separate retainer agreement detailing such services and associated costs will be signed by attorney and client.
- b). \$75.00 for preparation and filing of each amendment to the bankruptcy Schedules or Statement of Financial Affairs.
- c). \$75.00 for preparation and filing of motion for court approval of reaffirmation agreement, and attendance at hearing if required by the court.
- d). \$500.00 for motion to reopen Chapter 7 case if client fails to satisfy post-petition financial education requirements.
- e). The client understands that if the client does not pay the fees as set forth above, the Attorney has no obligation to provide the services, and has the right to file a motion to withdraw as the attorney for the client.

7. Client's Obligations

The client's obligations are as follows:

- a). To pay the fees as set forth above.
- b). To provide accurately, honestly and in a timely manner, all the information including all documents necessary to prepare and file the Chapter 7 bankruptcy.
- c). To satisfy prepetition credit counseling and postpetition financial education requirements.
- d). To keep the attorney advised at all times of the client's address and telephone numbers.
- e). To attend the 341 Creditors Meeting and other hearings set in the case as advised by attorney.
- f). To provide any information requested of the client by the Chapter 7 Trustee, the U.S. Trustee, or any other party in interest, unless the Court rules that the client is not required to provide the information.
- g). To respond immediately to any requests of the client by the attorney's staff.
- 8. Attorney is authorized to disburse from his Client Trust Account, when applicable, funds for payment of filing fees, costs, attorney fees and refunds.

Gapy C. Flanders

Gapy C. Flanders

Glient

Client

Client acknowledges receipt of a copy of this agreement.

We are a debt relief agency. We help people file for bankruptcy relief under the Bankruptcy Code.

Case 18-81552 Doc 1 Filed 07/23/18 Entered 07/23/18 17:01:00 Desc Main Document Page 50 of 52

United States Bankruptcy Court Northern District of Illinois

| | | Not therm District of Hillions | | |
|-------|--|---|---------------|---------------------------|
| In re | Julia Lynn Schade Armstrong | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | VE | RIFICATION OF CREDITOR MAT | ΓRIX | |
| | | Number of Cr | reditors: | 15 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditors | s is true and | correct to the best of my |
| Date: | July 23, 2018 | /s/ Julia Lynn Schade Armstrong Julia Lynn Schade Armstrong Signature of Debtor | l | |

Ally Financial PO Box 380901 Minneapolis, MN 55438-0901

Alpine Bank of Rockford/Midland States B 1700 N Alpine Rd Rockford, IL 61107

American Express PO box 981537 El Paso, TX 79998-1537

American Express Zwicker & Assoc 80 Minuteman Rd Andover, MA 01810-1008

American Express c/o Zwicker and Associates, P.C 7366 N. Lincoln Ave. Suite 102 Lincolnwood, IL 60712

Amerihome 21215 Burbank Blvd. 4th Floor Woodland Hills, CA 91367

Barclays Bank / Wyndam PO Box 8803 Wilmington, DE 19899-8803

Chase Card / Amazon PO Box 15298 Wilmington, DE 19850-5298

David Armstrong 609 Ellis Ave Rockford, IL 61103

Discover Bank PO Box 30943 Salt Lake City, UT 84130-0943

Elan Financial / Associated Bank PO Box 790408 Saint Louis, MO 63179-0408 Fed Loan Servicing Credit PO Box 60610 Harrisburg, PA 17106-0610

Kohl's / Capital One PO Box 3115 Milwaukee, WI 53201-3115

Navient PO Box 9500 Wilkes Barre, PA 18773-9500

Nelnet Loan Services 3015 S. Parker Rd #425 Aurora, CO 80014-2904